



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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Janie Miller
Secretary

Neville Wise
Acting Commissioner

April 29, 2011

To: Hospital Providers (01)
Provider Letter #A-245

RE: Non-Emergency Services Provided to Lock-In Recipients

Dear Kentucky Medicaid Provider:

Effective July 1, 2010, the Department for Medicaid Services (DMS) modified the Medicaid Recipient Lock-in Program to restrict Lock-In recipients to receive non-emergency services from a designated hospital if, within a 12-month period of time, the recipient had at least 4 hospital emergency department visits or received services from at least 3 different hospital emergency departments for a non-emergency medical condition.

The designated Hospital must provide necessary non-emergency services to an assigned Lock-In recipient if a referral is received from the recipient's PCP. The recipient will only be responsible for payment of services provided in the emergency department of a hospital if the recipient does not have an emergency medical condition

Attached is an informed consent form that shall be utilized to have the member acknowledge that they are responsible for payment if they utilize the emergency department of a hospital for a non-emergency service. This form and should be maintained with the patient's records for up to five (5) years. The form can also be found at <http://www.chfs.ky.gov/dms/provider.htm>.

To view the Lock-in Program regulation (907 KAR 1:677), you may visit the DMS website at <http://chfs.ky.gov/dms/current.htm>. As always, it is your responsibility to verify the eligibility of a Medicaid member prior to the provision of any service.

If you suspect someone may be overusing Medicaid services unnecessarily or fraudulently, you are advised to call 800.372.2970. You never have to give your name.

Sincerely,

Neville Wise
Acting Commissioner

NW/AS/dc01091

Acknowledgement of Responsibility for Payment

I, _____, _____ understand that I will be
Recipient Name Medicaid Recipient ID#

responsible for payment of non-emergency services requested from this hospital.

The emergency room physician has told me that my condition is not an emergency.

Recipient Signature

Date

Witness Signature

Date